SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AŞ FILED IND. DEP. DEP. IND. IND. DEP. DEP. IND. ŧ _ BEST AVAILABLE COPY TOTAL IND. (m) TOTAL IND. **(385) (** TOTAL DEP.

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